

MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
APPLICATION FOR PERMIT TO DRILL, DEEPEN, OR PLUG BACK

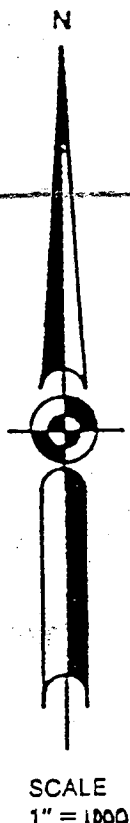
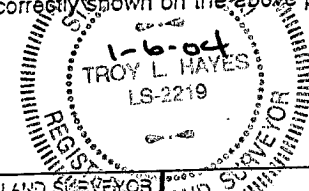

RECEIVED FORM OGC-3
RECEIVED JAN 10 2004

<input checked="" type="checkbox"/> APPLICATION TO DRILL				<input type="checkbox"/> DEEPEN		<input type="checkbox"/> PLUG BACK		<input type="checkbox"/> FOR AN OIL WELL		MO Oil & Gas Council <input checked="" type="checkbox"/> OR GAS WELL	
NAME OF COMPANY OR OPERATOR Dunne Equities Operating, Inc.								DATE 1-7-03			
ADDRESS 8100 E. 22nd Street North #1100				CITY Wichita		STATE KS		ZIP CODE 67226-2311			
DESCRIPTION OF WELL AND LEASE											
NAME OF LEASE Jacobs				WELL NUMBER 1-35		ELEVATION (GROUND) 929.58					
WELL LOCATION (GIVE FOOTAGE FROM SECTION LINES) SW 413 FT. FROM (N) (S) SECTION LINE 3484 FT. FROM (E) (W) SECTION LINE											
WELL LOCATION SW		SECTION 35		TOWNSHIP 65N		RANGE 32W		LATITUDE N40° 23' 15.6"		LONGITUDE W094° 28' 23.0"	
								COUNTY WORTH			
NEAREST DISTANCE FROM PROPOSED LOCATION TO PROPERTY OR LEASE LINE _____ FEET											
DISTANCE FROM PROPOSED LOCATION TO NEAREST DRILLING, COMPLETED OR APPLIED - FOR WELL ON THE SAME LEASE _____ FEET											
PROPOSED DEPTH 1,000		DRILLING CONTRACTOR, NAME AND ADDRESS Well Refined Drilling				ROTARY OR CABLE TOOLS Air		APPROX. DATE WORK WILL START 1-12-04			
NUMBER OF ACRES IN LEASE 315		NUMBER OF WELLS ON LEASE, INCLUDING THIS WELL, COMPLETED IN OR DRILLING TO THIS RESERVOIR 0									
		NUMBER OF ABANDONED WELLS ON LEASE 0									
LEASE PURCHASED WITH ONE OR MORE WELLS DRILLED, FROM WHOM PURCHASED? NAME _____ ADDRESS _____								NO. OF WELLS: PRODUCING _____ INJECTION _____ INACTIVE _____ ABANDONED _____			
STATUS OF BOND		<input checked="" type="checkbox"/> SINGLE WELL AMOUNT \$ 3,000.00				<input type="checkbox"/> BLANKET BOND AMOUNT \$ _____				<input type="checkbox"/> ON FILE <input checked="" type="checkbox"/> ATTACHED	
REMARKS: (IF THIS IS AN APPLICATION TO DEEPEN OR PLUG BACK, BRIEFLY DESCRIBE WORK TO BE DONE, GIVING PRESENT PRODUCING/INJECTION ZONE AND EXPECTED NEW INJECTION ZONE; USE BACK OF FORM IF NEEDED.)											
PROPOSED CASING PROGRAM											
AMOUNT				SIZE		WT/FT		CEM.		APPROVED CASING - TO BE FILLED IN BY STATE GEOLOGIST	
30				8 5/8		22		12			
1,000				4 1/2		10.5		100		full length	
the undersigned, state that I am the Secretary of the Dunne Equities Operating, Inc. (company), and that I am authorized by said company to make this report, and that this report was prepared under my supervision and direction and that the facts stated therein are true, correct, and complete to the best of my knowledge.											
SIGNATURE Donna M. Armstrong								DATE 1-7-04			
PERMIT NUMBER 227-20002				<input checked="" type="checkbox"/> DRILLER'S LOG REQUIRED <input checked="" type="checkbox"/> CORE ANALYSIS REQUIRED IF RUN <input type="checkbox"/> SAMPLES REQUIRED <input checked="" type="checkbox"/> SAMPLES NOT REQUIRED <input type="checkbox"/> WATER SAMPLES REQUIRED AT							
APPROVED DATE 1-7-2004				<input checked="" type="checkbox"/> E-LOGS REQUIRED IF RUN <input checked="" type="checkbox"/> DRILL SYSTEM TEST INFO. REQUIRED IF RUN							
APPROVED BY [Signature]											
NOTE: THIS PERMIT NOT TRANSFERABLE TO ANY OTHER PERSON OR TO ANY OTHER LOCATION.											
APPROVAL OF THIS PERMIT BY THE OIL AND GAS COUNCIL DOES NOT CONSTITUTE ENDORSEMENT OF THE GEOLOGIC MERITS OF THE PROPOSED WELL NOR											
ENDORSEMENT OF THE QUALIFICATIONS OF THE PERMITTEE.											
_____ of the _____ Company confirm											
that an approved drilling permit has been obtained by the owner of this well. Council approval of this permit will be shown on this form by											
presence of a permit number and signature of authorized council representative.											
DRILLER'S SIGNATURE								DATE			



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
WELL LOCATION PLAT

RECEIVED
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FORM OGC-4

OWNER CARL & ZETTA JACOBS		MO Oil & Gas Council	
LEASE NAME		COUNTY WORTH	
413 FEET FROM <u>SOUTH</u> SECTION LINE AND 3484 FEET FROM <u>EAST</u> SECTION LINE OF SEC. <u>35</u> , TWP <u>65N</u> , RANGE <u>32W</u>			
LATITUDE N 40° 23' 15.6"		LONGITUDE W 094° 28' 23.0"	
<div><div><p>PROPERTY LINES</p><p>G. WELL</p><p>3484'</p><p>413'</p><p>COUNTY ROAD</p></div></div>			
REMARKS GROUND ELEVATION @ G. WELL IS 929.58'			
INSTRUCTIONS On the above plat, show distance of the proposed well from the two nearest section lines, the nearest lease line, and from the nearest well on the same lease completed in or drilling to the same reservoir. Do not confuse survey lines with lease lines. See rule 10 CSR 50-2.030 for survey requirements. Lease lines must be marked.		This is to Certify that I have executed a survey to accurately locate oil and gas wells in accordance with 10 CSR 50-2.030 and that the results are correctly shown on the above plat. <div></div>	
REMIT TWO (2) COPIES TO: MISSOURI OIL AND GAS COUNCIL P.O. BOX 250, ROLLA, MO 65402		REGISTERED LAND SURVEYOR 	NUMBER 2219



MISSOURI DEPARTMENT OF NATURAL RESOURCES
MISSOURI OIL AND GAS COUNCIL
NOTICE OF INTENTION TO ABANDON WELL

NAME OF LEASE Jacobs <i>3.000000 Sample well hole</i>		DATE 6-17-05	
WELL NUMBER 1-35	LOCATION 413 FEET FROM (N)(S) SECTION LINE AND 3484 FEET FROM (E)(W) SECTION LINE OF		
SECTION 35	TOWNSHIP 65N	RANGE 32W	COUNTY Worth
THE ELEVATION OF THE GROUND AT WELL SITE IS 929.58 FEET ABOVE SEA LEVEL.		PERMIT NUMBER (OGC-3 OR OGC-3I NUMBER) 20002	
NAME OF CONTRACTOR OR COMPANY THAT WILL DO WORK IS: Hurricane Well Service			
ADDRESS 3613 AY RD		CITY Madison	STATE KS
ZIP CODE 66860			
DETAILS OF WORK (INDICATE SIZE, KIND, AND DEPTH OF PLUGS, WHERE CASING WILL BE PULLED, OTHER PERTINENT DETAILS) Plug per Missouri DNR regulation 10 CSR 50-2.060 Surface 8 5/8 49'2" w/75 Sax TD 1104'			
<p style="text-align: right;">RECEIVED JUN 20 2005 Mo Oil & Gas Council</p>			
CERTIFICATE: I, the undersigned, state that I am the <u>Secretary</u> of the <u>Dunne Equities Operating, Inc.</u> (company), and that I am authorized to make this report; and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct, and complete to the best of my knowledge.			
SIGNATURE <i>Monna M. Rimistad</i>		DATE 6-17-05	